

Case Number:	CM13-0050046		
Date Assigned:	12/27/2013	Date of Injury:	05/10/2013
Decision Date:	01/16/2015	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	11/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Wisconsin. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 25-year-old male who reported an injury on 05/10/2013. The mechanism of injury involved a fall. The current diagnoses include closed dislocation of the shoulder, thoracic sprain/strain, ankle sprain, and numbness/tingling. The injured worker presented on 09/10/2013 with complaints of 3/10 pain. Physical examination was not provided on that date. It is noted that the injured worker was pending results from an EMG/NCV study. Treatment recommendations included continuation of the current medication regimen. A Request for Authorization form was then submitted on 09/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Qualified functional capacity evaluation (QFCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation

Decision rationale: California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available when reassessing function and functional recovery. The Official

Disability Guidelines recommend a functional capacity evaluation if case management is hampered by complex issues and the timing is appropriate. There is no indication that this injured worker has reached or is close to reaching maximal medical improvement. There is also no documentation of any previous unsuccessful return to work attempts. The medical necessity has not been established in this case. Therefore, the request is not medically necessary at this time.